

EXHIBIT 3

#20

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Lic.#

UPMC Horizon
Psychiatric Services

A hospital of UPMC Health System

Name Claudette D. Leon Age 51 Date 5/17/02 Refill times
Address _____

Rx

Claudette is unable
to return to work
without restriction as
per 5/3/02 letter to
follow.

Ron McFadden MD DEA# _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" in the space below.

Prescriber

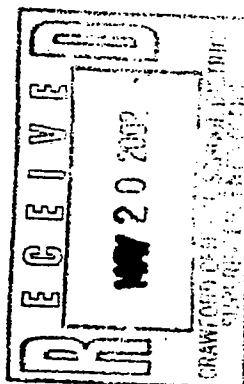


Exhibit
(3)

IPY

7249818459

MAY-17-02 03:53 PM INSIGHTS/FARRELL

UPMC HEALTH SYSTEM
UPMC HORIZON

FACSIMILE COVER SHEET

FROM: Renee - Behar - Heth DATE: 5-17-02Insights Outpatient
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Farrell, Pa. 16121
(724) 981-5601
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(724) 458-8387
FAX: (724) 458-8367TO: Mike SoleckiOrganization: Crawford School DistrictFAX # 1-814-333-8731 Number of Pages (not including cover sheet): 1Comments: re: Claudette DeLeon

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3063010

PSYCHIATRIC EVALUATION**NAME:** CLAUDETTE DELEON**DATE:** 05/03/02**CHIEF COMPLAINT:** Evaluate for fitness to return to work

HISTORY OF PRESENT ILLNESS: This is my first visit with this 48-year old, Spanish-American female. She was referred for an evaluation for fitness to return to work by her school district. She has been off work for the past several months. She presents today with a folder full of paper work documenting different grievances she has filed against the school district. She wanted me to take these papers, make copies, and review them. I felt that it would be best if I did not do this since the issue at hand is her current psychiatric state as opposed to the details of what has happened. Her employment with the school district has been characterized by recurrent conflicts. She has had several "little reprimands". She has filed at least two grievances against the school district and has won. She has been off work in the past. She was hospitalized at St. Vincent's Psychiatric Facility in 1998 with what she describes as a "nervous breakdown."

She states that she is currently doing well. She is not sleeping quite as well as she used to and still takes a couple naps during the day. Her energy is fairly good. Her appetite is slightly diminished, but improving. Her weight has gone from 95 pounds to now 100 pounds. She did reach a low of 80 pounds. She does not have any crying spells. She feels her concentration and memory are good and this is supported by her ability to recall several different memos. She is engaging in activities, which she enjoys, such as dancing, reading, and socializing. She draws a great deal of support from her church group. She is a Jehovah's Witness. She wants to return to work and is looking forward to it.

PAST PSYCHIATRIC HISTORY: As mentioned above, the patient was hospitalized at St. Vincent's in 1998. She states she was having tremors, shaking, and "psychotic dreams". She has been seeing a therapist, Dr. Michael Mercatoris, and Dr. Craig Richards of Meadville. She has been treated for depression. She has a history of not being able to tolerate anti-depressants too well and having to use a very low dose. She is currently taking Effexor XR 37.5mg BID. It was increased to BID about one month ago. She was first placed on anti-depressants in 1995. She stopped them in the summer of 1998. She simply does not like to take medications and wanted to see if she "could do it herself". The patient resumed them several months ago when she started to become more stressed at work.

MEDICAL HISTORY:

- Bursitis
- Irregular Menses
- Hayfever
- Fibroids

MEDICATIONS: Effexor XR 37.5mg BID**ALLERGIES:** Sulfa

FAMILY HISTORY: She has a son who is an Army Ranger. He is 19-years old. She has a 22-year old daughter who is in college. She denies any psychiatric illnesses in the family.

SOCIAL HISTORY: Patient was born in Mexico City, Mexico. She was trained as a music teacher. She has been teaching Spanish since 1999. She was 13-years old when she moved to the United States. She has been married three times. Her first marriage lasted 14 years. Her second marriage was a "rebound". It lasted for 2 ½ years and apparently it was very violent. He drank heavily. Her daughter accused him of masturbating in front of her. Legal charges were pressed against him. Her third husband has been very vindictive. He spread rumors to the school that she is a stripper. She is actually asked out by her male students. She recommends that they come over and baby-sit for her while she and her current boyfriend go out. She does this in jest. She recalls going to her father's funeral when she was

CLAUDETTE DELEON
05/03/02
Psychiatric Evaluation

15years old. She felt this was very traumatic for her. She was fondled by her stepfather when she was younger and always felt very protective of her daughter. This current suspension started on March 18, 2002. She is currently ready to return to work.

REVIEW OF SYSTEMS: Patient endorses skin rashes, headaches, and joint pains. She denies any neurological problems, diabetes mellitus, hypertension, cardiac disease, arthritis, epilepsy, hepatitis, asthma, etc.

MENTAL STATUS EXAM: The patient is alert and oriented. She appears her stated age. She rates her mood as "good" and affect is congruent. There is a slight communication problem, which is compounded by two factors. First, the angle she has on her native language, and second, she was often diverted to the different facts of her dispute. She wanted to bring those up and discuss how unjust and unfair she has been treated and document some of the abuses. She presented herself well. Her thoughts are organized and goal directed; however, there was a recurrent theme of wanting to point out and document as mentioned above. There is no looseness of association, tangentiality, or circumstantiality noted. She denies being suicidal or homicidal. There is no evidence of audiovisual hallucinations. She denies ever experiencing these. Her judgment and insight are intact. Fund of knowledge is appropriate.

ASSESSMENT AND PLAN:

Axis I: Major Depression – Recurrent, currently in remission
Axis II: None
Axis III: Bursitis, fibroids, hayfever
Axis IV: Moderate
Axis V: Highest in past year 85, highest in current 75

Recommendations: I believe the patient is able to return to work from a psychiatric standpoint. Her symptoms are well controlled now and she is not experiencing any major depression. I think a lot of her feelings of being treated unfairly are a result of her being very guarded and cautious when it comes to the work environment. I don't believe this is characteristic of any paranoid or delusional predispositions.

1. Patient is able to return to work.
2. No follow up is required. Patient to call office if needed.


Ronald McFadden, M.D.

Joseph Truskowski, CRNP